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ABSTRACT

The effects of individual values upon the development of conflicts and the resolution of marital problems through counseling are explored, using the Interpersonal Growth Scale (IGS). This instrument is described as it evaluates the processes of growing apart and growing together, and notes operating values, determining their functions and strength. The procedure for using the IGS is explained, including how: (1) clients have an opportunity to assess their present situation and the consequences of acting according to their current value systems; (2) on the basis of the scores on the IGS, the spouses, with the aid of the counselor, explore alternatives and make decisions for change; and (3) the instrument serves as treatment plan or contract between the couple and the counselor, as an aid in goal setting and as a measuring device for progress. (Author)

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CONFLICTING VALUES AND MARITAL PROBLEMS:

A COUNSELING MODEL FOR

CONFLICT RESOLUTION

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In view of the prominence of value considerations across a broad spectrum of disciplines, it is surprising that theorists practically ignore modifying values as part of the counseling or psychotherapy process. Rather than merely bemoan the hiatus, we intend to describe efforts toward integrating some work on values with our own clinical approach to counseling in marriage and family relationships.

Since most clients and therapists enter a therapeutic relationship with the goal of improving the clients' quality of life, it would be surprising if individual growth could be measured only in terms of a modification in the clients' value system. To gain perspective note the position that values take among the many elements of behavior change (see Figure 1). Lindsley's (1970) operant equation has been adapted and modified to include the proposed role of cognitive behaviors in the analysis of overt behavior.

Historical evidence, popular stereotypes, and continuing empirical findings suggest that values differ between cultures, vary typically between men and women within a culture, and are subject to change within individuals.

We believe that it is useful to describe values as having most of the characteristics of beliefs and attitudes. In addition, they are broad conceptualizations about how a person ought to behave in attaining individual and social goals. While beliefs may be relatively neutral, values usually include

Cognitive--Behavior Paradigm

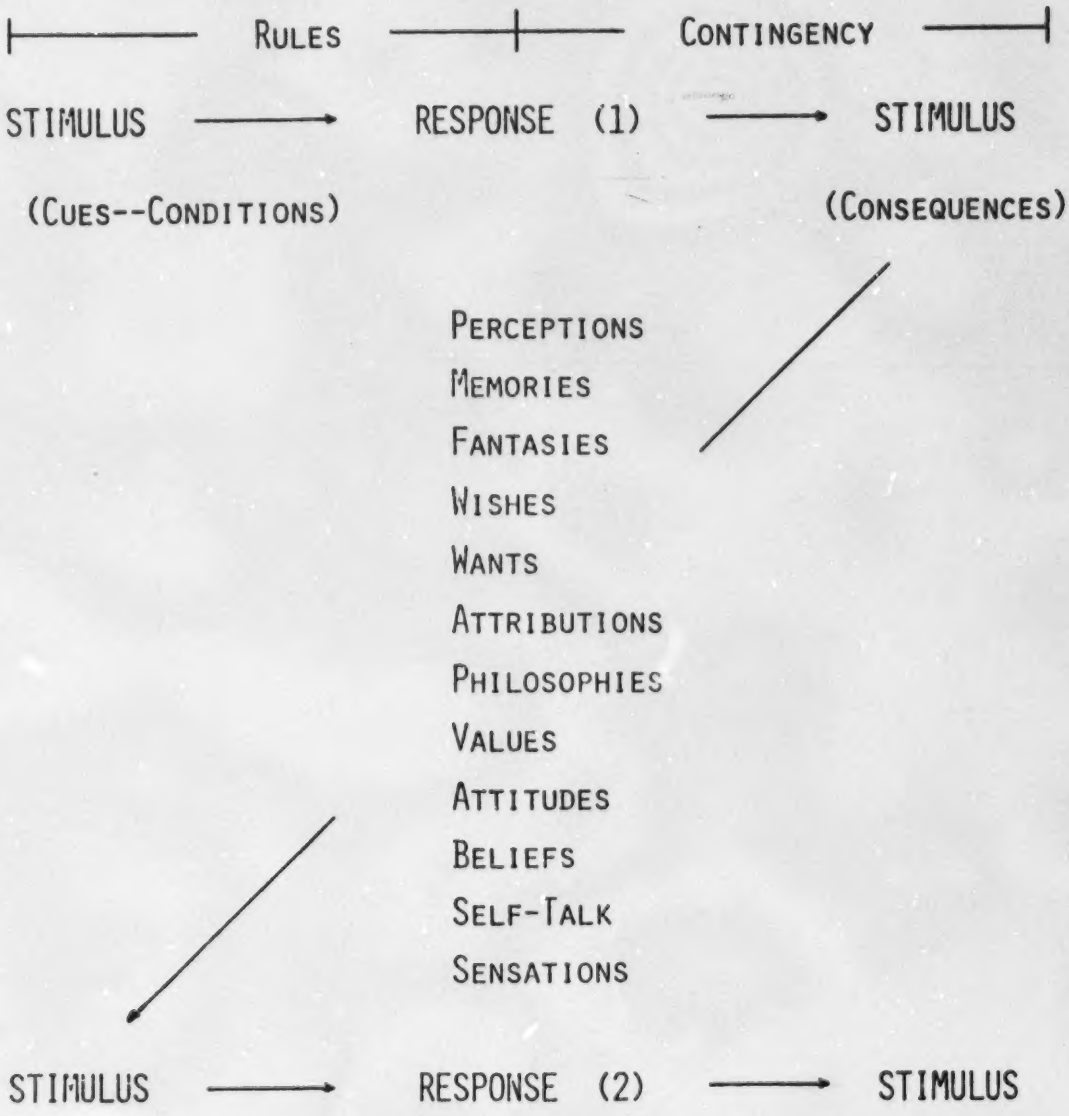

Fig. 1. Cognitive-behavioral model for analysis of behavior.

strongly held positive or negative emotional components. In contrast to attitudes, which are usually situation specific, Rokeach (1968) defined values as abstract modes of conduct and terminal goals not tied to a specific object or situation.

In addition to the behavioral and terminal goal dimensions, values may be ranked in an order of importance to form a value system. Rokeach further mentioned that values "may be consciously conceived or unconsciously held, and must be inferred from what a person says or does".

In noting the difference between actions that lead to individual and social goals, Adkins (1960) distinguished between activities in which success is of paramount importance and those that are characteristic in a partnership or a social contract. Courage, forcefulness, or aggressiveness are often commended when success is achieved in a hotly contested situation. Fairness, or a similar measure, is the basis for estimating cooperative behavior. Adkins also noted that, "both complexes evaluate action, both are relevant, and that both have some claim to be termed "moral"." Adkins proposed the dimensions "competitive" and "cooperative" to distinguish between individual excellences and relationship oriented values.

If values are among the behavioral determinants, ineffective behavior may suggest a poorly developed value or value system. We work on the assumption that clients are sincerely committed to the individual values in their value systems. While dysfunctional behaviors, disruptive habits, and self-

defeating attitudes can be eliminated during the counseling process, it would probably be counterproductive, possibly anti-therapeutic, if a counselor should work to eliminate any one of a client's prized values. Modifying a client's value system, without downgrading any individual value, seems to be a worthwhile counseling goal.

In our practice, we have found that some clients translate their behavioral values into anxiety arousing demands on themselves or into anger and resentment provoking demands on other family members. Blaming and labeling are constant companions among family members when they seem to be blocked from attaining valued terminal goals. Believing they lack motivation or cannot make a decision, some clients immobilize the family process by stalling in the face of conflicting values. Distorted value conceptualization, unrealistic hierarchies in the value system, and imbalance in the cooperative - competitive continua may result in self-loathing, pervasive guilt, and crippling avoidance.

Because distorted or otherwise unrealistic conceptualizations are commonly handled by experienced therapists, we have chosen to discuss a method of balancing values on the competitive - cooperative dimension. Operating values may be obscure and unrecognized by the client as a source of distress. When the relationship between individual values and family problems arises in any given counseling situation, the values are likely to seem immutable, their adherents implacable at any suggestion of change.

Overworked, but useful, stereotypes illustrate how faulty value systems result from imbalance on the competitive - cooperative dimension. Stereotype breadwinners act as if responsibility to family members (cooperative value) is dominated by their need to demonstrate continuous personal success (competitive value) in business. Stereotype homemakers act as if their responsibility to the family dominates any personal freedom.

Clients who seem to submerge a balancing competitive value, such as personal freedom, while overtly demonstrating a dominating cooperative value, are likely to react as if they were deprived of the submerged value. The response to this perceived loss may be logically expressed as anger or resentment. Guilt is a likely emotive response when a person is confronted with over-expressing a competitive value at the expense of a balancing cooperative value.

We believe that therapists may be counseling clients destructively when they teach them to express their anger and resentment overtly, or to punish themselves with guilt. Rather, we believe it is desirable to identify the balancing values that are operating, appraise them honestly, reconceptualize them when appropriate, and establish new behavior patterns that are congruent with them.

Couples entering counseling often have lived together for many years, and although the spouses now may focus mainly on the problem areas in their marriage, both can think of good times and much of value in their relationship. These positive

evaluations indicate some growing together has occurred in their relationship. However, two processes--growing together and growing apart--may go on simultaneously.

These two processes have their basis in environmental influences from in-laws and other family members, sources of family income, and daily inconveniences. Another important group of contributors to the processes of growing together and growing apart are individual traits, wishes and values. In successful marriage counseling the spouses not only become aware of the factors that lead to growing apart and growing together, they also have an opportunity to learn coping skills related to the problems created by growing apart.

Based on this concept of growing apart and growing together, we have developed the Interpersonal Growth Scale (IGS), an instrument that is designed to achieve the client's awareness, which is one of the goals of successful counseling. The IGS can be used for noting operating values, describing their function, and making estimates of their strength in a particular situation. In important situations, multiple operating values are usual; some may seem to oppose others. Since the IGS scales (see Figure 2) may be developed in the therapy hour, value identification and appraisal skills may be taught and practiced in a meaningful context. Responsibility for completing and using the scales shifts readily from counselor to client as the client's skills increase. In completing the scales, clients have an opportunity to assess the consequences

INTERPERSONAL GROWTH SCALE (IGS)

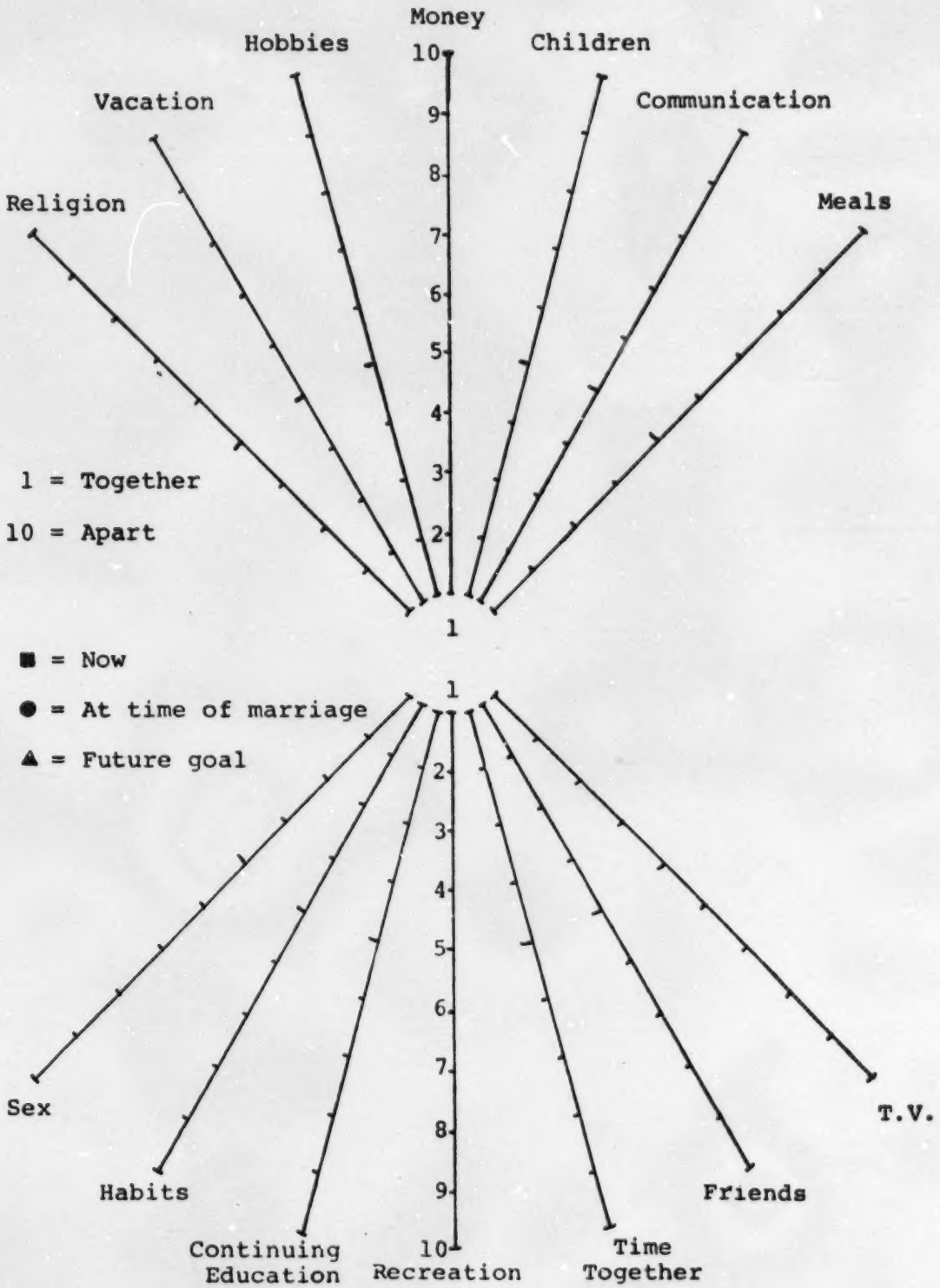

Fig. 2. Marital counseling IGS intake form.

of acting according to their current value system, and to make decisions for change.

The IGS system of scales represents dimensions of interpersonal relationships. Figure 2 is an example used in marital counseling. The dimensions deal with major life areas and aspects of married life which may give rise to disagreements, such as religion, managing money, sex, bringing up children, vacation and recreation, irritating habits, and so on. The procedure

1) provides an objective record where partners express perceptions and goals in the relationship,
2) shows areas where changes would be beneficial,
3) helps identify unrealistic expectations or goals, and
4) encourages mutual exploration of problems.

Each scale in the system has a range of one to ten, representing the extent to which the partners perceive their marriage as together or apart. Although "one" represents the highest level of togetherness and "ten" the highest degree of apartness, high ratings on a few of the scales do not necessarily mean that the couple experiences marital problems along those dimensions.

On an IGS form, prepared separately by each individual, partners make three marks on every dimensional scale. These reflect how they evaluate their relationship now , as they recall it at the time of their wedding, and what they want to achieve for the future. In addition, spouses fill out a second

form on which they estimate how the other spouse would evaluate the relationship dimensions.

When the completed forms (Figure 3 is an example) are examined, the counselor gains understanding about the couple's evaluations of family problems and can detect any gross misperceptions between partners when they attempt to assess the other's evaluations. On the basis of completed IGS forms, the couple and the counselor agree on counseling goals. In this way, the instrument serves as an informal contract and as a treatment plan.

It soon becomes apparent that individuals differ from one another in their values, and that they regard the expression of their values as important sources of satisfaction and happiness. Since each partner usually has multiple--and often conflicting--values (Bales, 1970), successful clients learn that total expression of all their values is generally unattainable.

Many clients are surprised to learn that there is more than one "correct" way to be married (Thoresen, 1975); and that they can function adequately under conditions of considerable apartness when they learn how to restructure their rigid, ineffectively formed value systems by challenging self-defeating beliefs and by applying tolerance and compromise judiciously.

As the time for termination approaches, family members again complete the general forms of the IGS. In this way, the clients and the counselor can measure progress made toward the clients' goals.

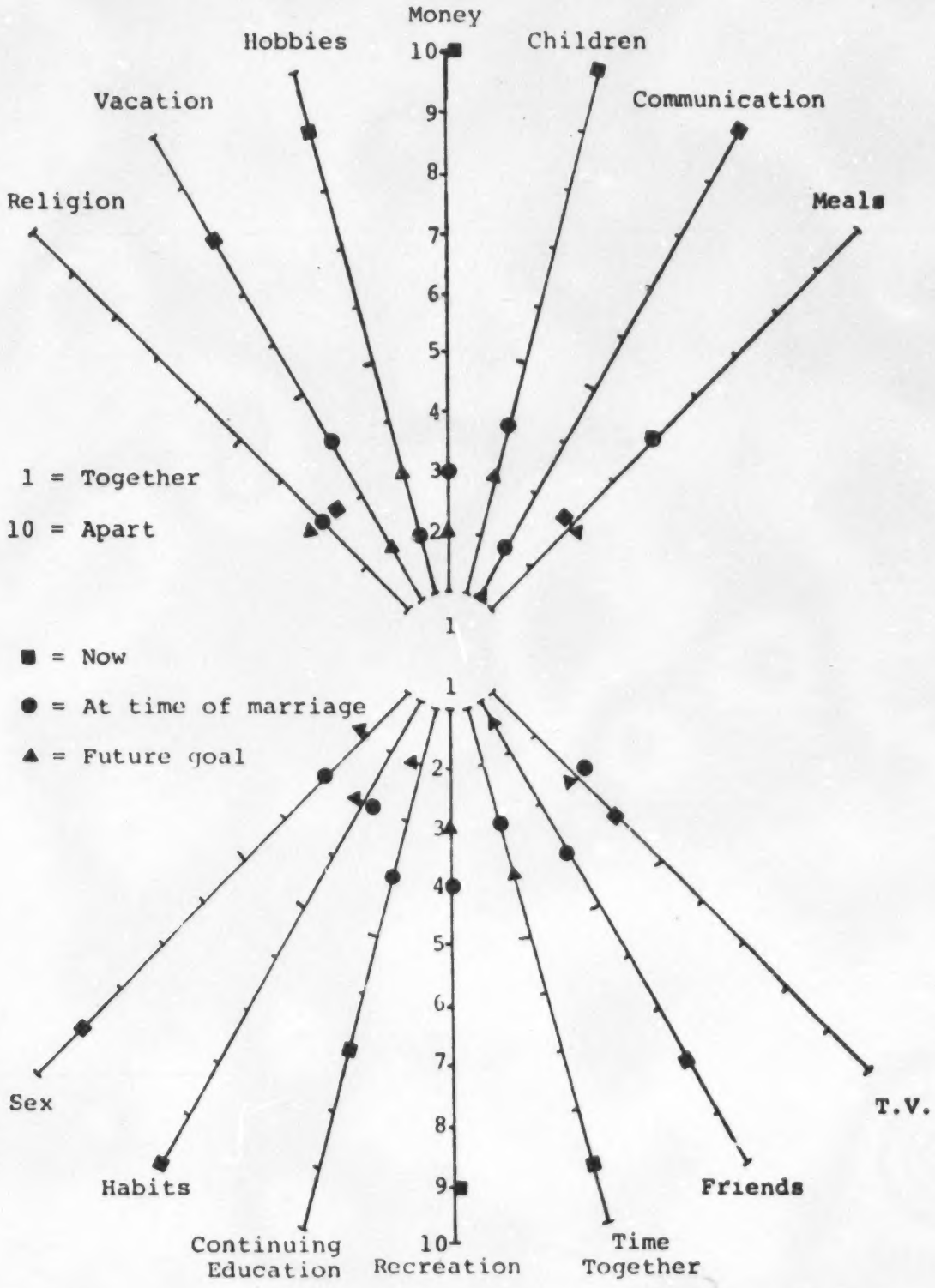

Fig. 3. Completed marital counseling IGS intake form.

Case History:

Nancy and Harry have been married for 30 years. They have brought up two children and are among the prominent citizens of a small town. Nancy, coming from the poorer section of town, had been raised to respect her parents, especially her mother, and was taught to be modest and never to think of herself first. Upon marrying Harry who had been pampered as the only son of one of the wealthy families in town, Nancy found it even more important to please others, namely her husband, his domineering mother and his tyrannical grandfather in addition to her own family.

After 23 years of submission to her own and her husband's family, Nancy was sufficiently depressed to seek the help of a psychiatrist. After four years of treatment she embarked upon an affair with the psychiatrist that lasted through the last three years of therapy. This affair became the most important thing in her otherwise boring life and she only lived consciously from week to week, from one appointment to the next. Although her husband had been involved in an extramarital affair earlier in their marriage, Nancy's was incongruent with the values she held for herself as a daughter, wife, and mother. The result was that she tried to block out reality more and more and functioned on ever increasing doses of medication until she finally had to be hospitalized.

At the time they entered therapy after Nancy's second hospitalization, their marks on the IGS registered difficulties

in the areas of communication, money, hobbies, vacation, and sex.

Harry had suffered great financial losses and his physical health was severely impaired. Deprived of the financial security, Harry found it easy to blame Nancy for her extravagant spending habits without considering the money he continued to spend on his own costly hobbies. This, in turn, led to anger and resentment in Nancy. But according to the value system Nancy had adopted for herself, she could not voice her negative feelings. Harry's ill health posed another restriction, she had to avoid upsetting him at all costs because she did not want to live with guilt feelings resulting from thinking that she might cause his early death.

For some time, those values that can be regarded as cooperative in Nancy's value system, namely her strong tendency to please everybody and to accept responsibility for the happiness of the important persons in her environment, seemed to work out well in her marriage. Since Harry's major concern in life was his health, he accepted and reinforced Nancy's sacrifices as natural and commendable behavior on her part. Nancy's confusion began when the more competitive elements of her value system surfaced. Her own personal wants for freedom, excitement, and personal fulfillment were in direct opposition to the behaviors dictated by her cooperative values. Nancy's way of coping with her unexpressed feelings of anger and resentment resulted in passive-aggressive behaviors and depression without

awareness of the sources. Initially, Nancy refused to even consider that she had harbored feelings of anger and resentment when she placed her family's demands before her own wishes and wants. However, when she was asked to rate the dimensions of loyalty to her family and personal freedom and self-fulfillment, she realized that her own competitive values freedom and self-fulfillment were frustrated in her relationships with her husband, her mother, and her mother-in-law (see Figure 4).

Ideally, after helping the client to gain awareness of her conflicting values and the consequences of acting on some and suppressing others, the counseling process would continue with balancing the different types of values and turning them into behaviors. The client would carefully delineate those things that she was willing to do for her family without feeling resentful. Hopefully, she would schedule enough time to accomplish these things and to leave sufficient time for her own personal indulgences.

The best laid plans, of course, do not always materialize. After Nancy's deep depression lifted and she gained the awareness and understanding about her self-defeating behaviors, she decided to take on a job in order to gain some financial independence and--true to her passive-aggressive coping mode--to have some good-sounding excuses to refuse some of the heavier demands made by her environment. She has yet to make the decision to allow time for her own personal growth. However, gaining awareness after 30 years of unhappiness is not too bad

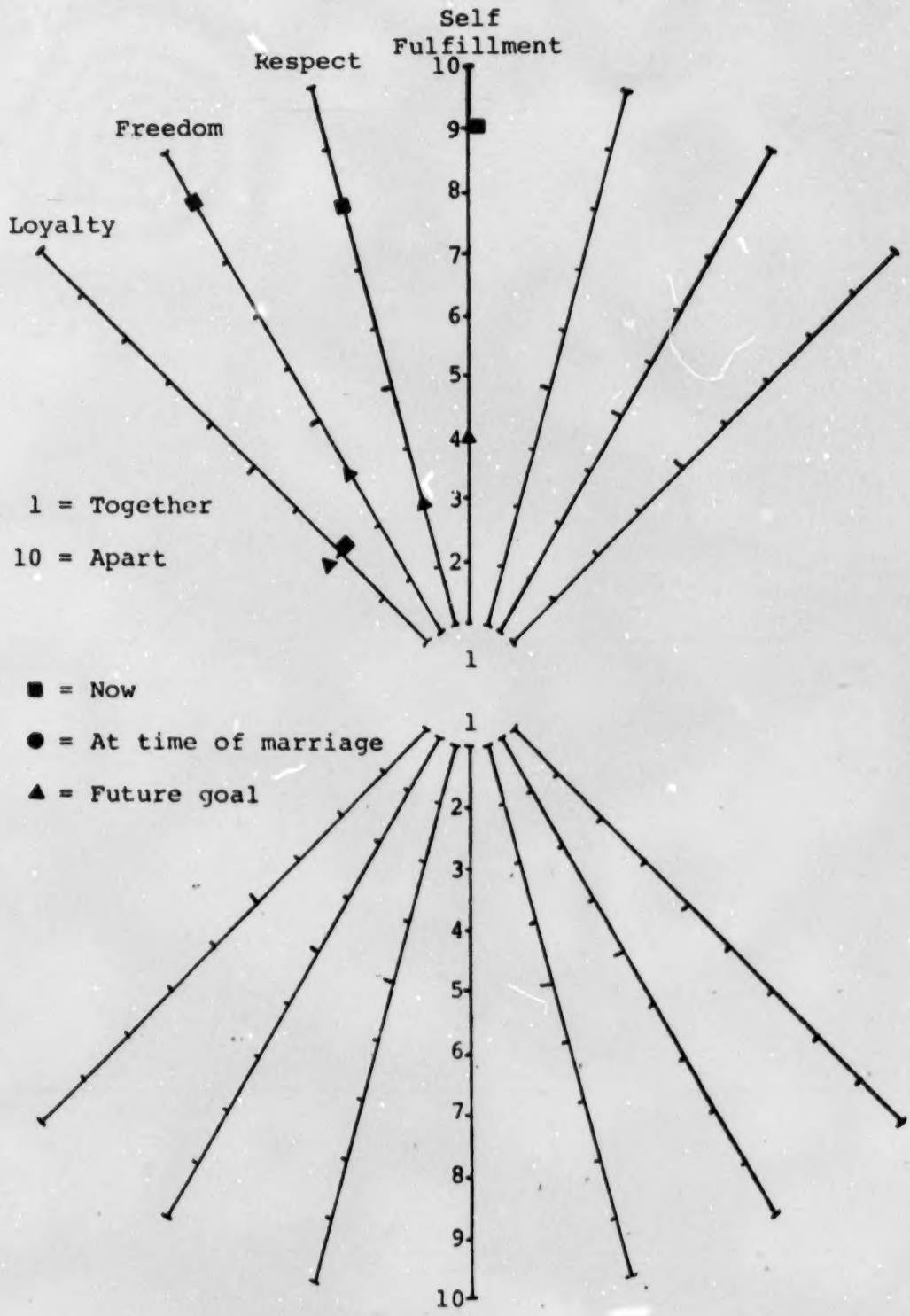

Fig. 4. Balancing cooperative and competitive values (Nancy)

a state to be in. And after remaining on the plateau of awareness for a while, she might even be willing to take the next step.

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